Effective October 1, 2003												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TC	TAL CLAIMS	_	37					RATE	FEE		RATE	FEE
FC	R		NUMBER FILED		NUMBER EXTRA		84	SIC FEE	385.00	OR	BASIC FEE	770.00
ΤC	TAL CHARGEA	BLE CLAIMS			. \ 7			XS 9=		OR	XS18=	301
IND	EPENDENT C	AIMS	minus 3 =		• (-	X43=			X86=	306
MU	LTIPLE DEPEN	IDENT CLAIM PE	RESENT				 	743-		OR	X00-2	86
							L	145=		OR	+290=	
- 11			ess than zero, enter "0" in column'2			olumn 2	Т	OTAL		OR	TOTAL	1162
	С	c	MALL E	-NTITV	OR	OTHER SMALL E						
AMENDMENT A		(Column 1) CLAIMS	T	(Colun	EST	(Column 3)	ו ר	MALL	ADDI-		- JIIALL	ADDI-
		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	ſ	RATE	TIONAL		RATE	TIONAL
	Total	. 39	Minus	·* _	31	- 2	[;	x\$.85		OR	X\$#8≡	100.00
	Independent	· 4_	Minus	***	4			120		OR	X	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							180			360	
								TOTAL		OR	TOTAL	100.00
		(Column 4)	•	(Cal	O	(Cal 2)		DIT. FEE		OR	ADDIT. FEE	100.00
AMENDMENT B	(Column 1) CLAIMS		(Column 2) HIGHEST		(Column 3)	1 [ADDI-	1	<u> </u>	ADDI-	
		REMAINING AFTER		PREVIO	DUSLY	PRESENT EXTRA	R.	RATE	TIONAL		RATE	TIONAL
	Total	AMENDMENT	Minus '	PAID	FOR_	=	1 ;	XS 9=	FEE	OR	X\$18=	FEE
	Independent	*	Minus	***		=	1 H	X43=			X86=	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] ├	A43-		OR	700=	
								+145=		OR	+290=	,
								TOTAL DIT. FEE		OR	ADDIT. FEE	
		(Column 1)	,	(Colur		(Column 3)	_			-		
AMENDMENT C		CLAIMS REMAINING AFTER			BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AMENDMENT		L	OUSLY FOR	EXTRA	4 L		FEE			FEE
	Total	•	Minus	410		=]] :	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	┧┞	X43=		OR	X86=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		1		
.,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Par					er found	in the ap	propriate po	x ın ço	olumn 1	

Application or Docket Number